

PISTOL LICENSE APPLICATION FOR THE STATE OF ALABAMA – MADISON COUNTY

License is not transferable to another person

If you have been convicted of a felony, IT IS UNLAWFUL FOR YOU TO POSSESS A PISTOL. If you are not a full time resident of Madison County, DO NOT APPLY. The law prohibits the sheriff of one county issuing a license to a resident of another county.

FALSE INFORMATION OR FAILURE TO DISCLOSE WILL SUBJECT LICENSE TO DENIAL OR REVOCATION

To the Honorable Sheriff of Madison County:

I hereby apply for a license to carry a revolver or pistol concealed on my person or in a vehicle for a period of ONE YEAR for the following reason: _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden or Other Names _____ Email Address: _____

Home Address: _____ City: _____, AL Zip: _____

Phone Numbers: Home _____ Work : _____ Cell: _____

Race: _____ Sex: _____ Date of Birth: ____/____/____ Height: ____'____" Weight: ____ lbs Hair: _____ Eyes: _____

S.S.# _____ - _____ - _____ Are you a US Citizen? _____ Drivers Lic # _____ State _____ Class _____

Place of Birth (City, County, State): _____ How long have you lived in Madison County? _____

Employer: _____ Postion/Title: _____ Length of Employment: _____

Employer Address: _____ City: _____, AL Zip: _____

Do you work where alcoholic beverages are sold or dispensed? _____

Have you ever had a pistol license? _____ If so, when? _____ What county was issued your permit? _____

Has your application for a pistol license ever been disapproved? _____ If so, why? _____

Has your pistol license ever been revoked? _____ If so, why? _____

Have you ever been **charged** or **convicted** of any crime or offense including misdemeanors and traffic violations? _____ If so, what? _____

Character References: (The Sheriff of Madison County reserves the right to contact references) ****Addresses MUST be complete****

Name: _____ Home Address: _____ Phone: _____

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Name: _____ Home Address: _____ Phone: _____

I HEREBY CERTIFY that all of the answers in the foregoing application are true and complete.

PRINT FULL NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ Date _____

TITLE 13A-1-81 CRIMINAL CODE OF THE STATE OF ALABAMA:

No person shall, in purchasing or otherwise securing delivery of a pistol or in applying for a license to carry the same, give false information or offer false evidence of his identity. Those who violate this statute are subject to serving up to five (5) years in state prison.